

BIRTH CERTIFICATE FAX ORDER FORM

Print this form, complete it and fax it to 206-622-0868

Certificate Holder's Name: _____
(First Middle Last)

Father's Name: _____
(First Middle Last)

Mother's Maiden Name: _____
(First Middle Last)

Date of birth: _____ County/City _____ State _____

Hospital: _____ Male Female

Relationship: Self Mother Father Other (please explain): _____

Number of copies: _____

Ship Method: UPS overnight delivery (additional charges) Regular mail

Ship to name: _____

Address: _____

City, State, Zip: _____

Daytime phone with area code: _____

Credit card: Visa MasterCard American Express Discover

Credit card number: _____ Expiration date: _____

Credit card billing address:

Name: _____

Address: _____

City, State, Zip: _____

Cardholder's signature: _____ Date: _____

Applicant's signature: _____ Date: _____

Applicant's email: _____